

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006470

1. Entity Name

SHALOM SCRIPTURE STUDIES, INC.

FILED

00 MAR 20 PM 3:26

Principal Place of Business

Mailing Address

PO. BOX 756
NAPLES FL 34106

P.O. BOX 60580
SAVANNAH GA 31420-0580

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
3330

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7429296

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOLLOY, JACK A REV.
756 SOUTH 8TH AVE.
NAPLES FL 34106

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

REV. Jack A. Molloy - *[Signature]* 1/16/00
Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PC
NAME HIDALGO, ELIAS E REV
STREET ADDRESS 44-A LEE BLVD.
CITY-ST-ZIP SAVANNAH GA 31405 ☐ Delete *OK*

TITLE *OK*
NAME 0000003204080 ☐ Change ☐ Addition
STREET ADDRESS -04/11/00--01105--023
CITY-ST-ZIP *****70.00 *****70.00

TITLE WVC
NAME HIDALGO, ARI D *change*
STREET ADDRESS 12300 APACHE AVE #1403
CITY-ST-ZIP SAVANNAH GA 31419 *318 - with house Bond (with house RQ)*

TITLE *change*
NAME *with house Bond (with house RQ)*
STREET ADDRESS
CITY-ST-ZIP

TITLE AS
NAME COONER, TOM *Delete*
STREET ADDRESS 5004 YORK AVE. SOUTH
CITY-ST-ZIP MINNEAPOLIS MN 55410

TITLE *Delete*
NAME *Delete (Delete)*
STREET ADDRESS
CITY-ST-ZIP

TITLE ATD
NAME KNIBB, NATHAN REV *change*
STREET ADDRESS 6524 WALKER STREET #10
CITY-ST-ZIP ST LOUIS PARK MN 55426

TITLE *change*
NAME #210
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REV. E. E. Hidalgo - President 2-14-00 941-2637093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C-2121037 1999